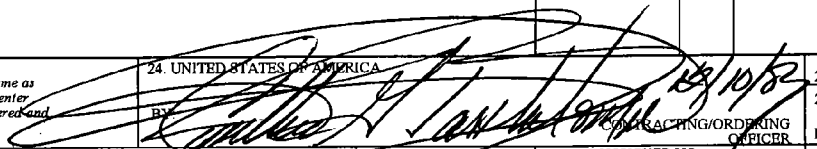


<b>ORDER FOR SUPPLIES OR SERVICES</b> (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF <b>4</b>													
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.																					
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.																					
1. CONTRACT/PURCH ORDER NO. <b>N00383-01-G-015N</b>		2. DELIVERY ORDER NO. <b>UZE9</b>		3. DATE OF ORDER (YYMMDD) <b>2003 DEC 12</b>		4. REQUISITION/PURCH REQUEST NO. <b>YPC03314001797</b>		5. PRIORITY <b>DOC9</b>													
6. ISSUED BY <b>Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PNNANQ (614)692-7520 / FAX: (614)692-6906 E-mail: Cynthia.Bartholemew@dla.mil</b>				7. ADMINISTERED BY (If other than 6) <b>DCMA SIKORSKY AIRCRAFT 6900 MAIN ST PO BOX 9731 STRATFORD, CT 06615-9131</b>		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)															
9. CONTRACTOR <b>SIKORSKY AIRCRAFT CORP 6900 MAIN ST STRATFORD CT 06615-9129</b>				10. DELIVER TO FOB POINT BY (Date) (YYMMDD) <b>10 DAYS ADO</b>		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED															
14. SHIP TO <b>See Schedule - Do Not Ship to Address in Block 6</b>				15. PAYMENT WILL BE MADE BY <b>HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: T</b>		13. MAIL INVOICES TO <b>See Block 15</b>															
16. DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. PURCHASE <input type="checkbox"/> Reference your <b>offer dated 2003 NOV 24, Mr. Steve Kelly</b> and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																					
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <b>CG: 97X4930 SCC0 001 26.0 S33150</b>																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>18. ITEM NO.</th> <th>19. SCHEDULE OF SUPPLIES/SERVICE</th> <th>20. QUANTITY ORDERED/ACCEPTED*</th> <th>21. UNIT</th> <th>22. UNIT PRICE</th> <th>23. AMOUNT</th> </tr> <tr> <td></td> <td><b>Remarks: CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b></td> <td><b>TOTAL: 3</b></td> <td></td> <td></td> <td></td> </tr> </table>										18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		<b>Remarks: CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 3</b>			
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT																
	<b>Remarks: CONFIRMING ORDER - DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b>	<b>TOTAL: 3</b>																			
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY 		25. TOTAL <b>\$ 251.52</b>																	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		29. DIFFERENCE																	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS																	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR																	
37. RECEIVED AT		38. RECEIVED BY (Print)		34. CHECK NUMBER																	
39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		35. BILL OF LADING NO.																	
41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.																			

## CONTINUATION SHEET

Order Number:

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## SECTION B

PR YPC03314001797

CAGE/PN 78286 7021202112

CAGE SDC NAME - ADDRESS  
78286 A 6900 MAIN ST  
STRATFORD CT 06615-9129  
203-383-7833

ITEM DESCRIPTION:

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03314001797	0001	3	EA	\$83.84000	\$251.52

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

EXCEPTION DATA:

NOTE: 12/10/03

SIKORSKY AIRCRAFT CORP REFERENCE QUOTE NUMBER: AQ 509 2003 DA

SIKORSKY AIRCRAFT CORP DATE OF QUOTE: 24 NOVEMBER 2003

P/N: 70212-02112-158

ITEM: ANGLE

COMPANY: SIKORSKY AIRCRAFT CORP.  
POC: MR. STEVE KELLY  
PHONE: 1 203 386 7447  
FAX: 1 203 386 7928  
EMAIL: SKelly@SIKORSKY.com

NOTE 2:

SIKORSKY AIRCRAFT CORP. IS AUTHORIZED TO SHIP LESS NSN,  
IF ONE HAS NOT BEEN ASSIGNED.

MFC: 78286 P/N: 7021202112158

ITEM: STA. 308 ANGLE

E/I: HELICOPTER

MAKE: SIKORSKY MODEL: UH60 SERIES: A

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## SECTION B

SERIAL #: 8826020  
DATA AVAILABLE  
053

\*

PREP FOR DELIVERY

COMMERCIAL PRACTICE PPP WITH MIL-STD-129 MARKING.

DELIVERY FOB: ORIGIN BY: 2003 DEC 22

PARCEL POST ADDRESS:

W25N14  
XU CONSOL AND CONTAINERIZATION PT  
DDSP NEW CUMBERLAND FACILITY  
BLDG 2001 CCP DOOR 135 THRU 168  
NEW CUMBERLAND PA 17070-5001

FREIGHT SHIPPING ADDRESS:

CONTACT TRANS OFF AT ADMIN OFF PRIOR TO SHIPMENT

M/F: (TCN) WK4SRM33036601 XXX  
RDD 999/NMCS CONTACT TRANS OFFICE AT ADMIN OFFICE PRIOR TO SHIPMENT  
PROJ TP 1  
SUP ADD WK4GFY SIG L

FOR DOCUMENT DISTRIBUTION ONLY:

WK4GFY  
SR 0000 TC HHC 02 AUG  
UNIT 29719  
AWCF SSF  
APO AE 09028

FOR GOVERNMENT USE ONLY: IPD 02

DIC A05 DIST Q ADV 2A FC UB

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CONTINUED ON NEXT PAGE

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SECTION B

REMIT PAYMENT TO:

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